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I hereby certify that this correspondence is being transmitted by facsimile to:

ATTN: Examiner Behzad Peikari**Facsimile number: 703-746-7239****Commissioner for Patents****P.O. Box 1450****Alexandria, Virginia 22313-1450**on 2-9-05
Theresa M. James

In re application of:	McKinnon, et al.	Confirmation No.:	5613
U.S. Serial Number:	09/800,861	Art Unit:	2186
Filing Date:	March 7, 2001	Examiner:	Peikari, B.
Our Reference Number:	A-8977 (191930-1270)		
Title:	Allocating Access Across a Shared Communications Medium in a Carrier Network		

Amendment Transmittal Page (1 page)**Fee Transmittal (1 page)****Credit Card Authorization - Authorizing \$200 (1 page)****Supplemental Response (20 pages)**

AMENDMENT TRANSMITTAL LETTER (LARGE)

Docket No.

Applicant(s): McKinnon, et al.

A-8977 (191930-1270)

Serial No.
09/800,861Filing Date
March 7, 2001Examiner
Peikari, BehzadConfirmation No.
5613Group Art Unit
2186Invention: **Allocating Access Across a Shared Communications Medium in a Carrier Network**Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**RECEIVED**
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FEB 09 2005

Transmitted herewith is the Supplemental Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	67 -	70 =	0	X \$50.00	\$0
INDEP. CLAIMS	4 -	3 =	1	X \$200.00	\$200
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$200

- ☐ No additional fee is required.
☐ Please charge Deposit Account No. _____ in the amount of _____.
☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$200.00.
☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


 Jeffrey R. Kuester, Reg. No. 34,367

02/10/2005 BROOKER 00000016 09800861

Date

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200.00 UP

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006 OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$200.00)****Complete if Known**

Application Number	09/800,861
Filing Date	March 7, 2001
First Named Inventor	McKinnon, et al.
Examiner Name	Peikari, Behzad
Art Unit	2186
Attorney Docket No.	A-8977 (191930-1270)

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESSIVE CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	67	0
Extra Claims	0	0
HP = highest number of total claims paid for, if great than 20	50	0
Indep. Claims	4	1
Extra Claims	200	200
HP = highest number of total claims paid for, if great than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

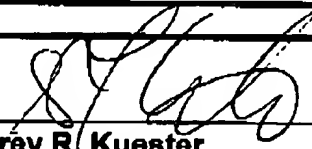
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250 =	0

4. OTHER FEE(\$)

Non-English Specification,	\$130 fee (no small entity discount)	Fee Paid (\$)
Other:		0

SUBMITTED BY

Complete (if applicable)

Signature		Registration No. 34,367	Telephone Number 770-933-9500
Name: (Print/Type)	Jeffrey R. Kuester	Date:	2-9-05

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In Re Application of:

Confirmation Number: 5613

Martin W. McKinnon, III, et al.

Group Art Unit: 2186

Serial No.: 09/800,861

Examiner: Peikari, Behzad

Filed: March 7, 2001

Docket No. A-8977 (191930-1270)

**For: ALLOCATING ACCESS ACROSS A SHARED
COMMUNICATIONS MEDIUM IN A CARRIER NETWORK****SUPPLEMENTAL RESPONSE**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the following amendments and consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.